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Nursing Care in Poliomyelitis

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Nursing the patient with poliomyelitis commences as soon as the nurse meets her patient. One look at the anxious frightened face on the stretcher tells the observant nurse that her first task is to reassure the sufferer.

If one thinks for a moment of the dread of this disease felt by the public generally, one can realize what terror lies behind those questioning eyes. The way in which this fear may be overcome, is, of course, largely an individual matter, but there are certain important points which will be of help with any of these patients. Gentleness in handling means a good deal. Usually, they are very sensitive to touch and will appreciate the fact that you "know how they feel". Then there is the tone of the voice. A few low, reassuring words does wonders for the morale of some of these frightened young people, and they are usually under twenty.

Since in nursing poliomyelitis, one observes infectious technique and wears a close-fitting cap, a mask and gown, the patient is likely to judge his condition by the expression in his nurse's eyes. If the nurse can read fear in his, he can see confidence and reassurance in hers. It is well to be careful of the remarks which are made in front of these patients for, in their alarmed condition, they are apt to worry over what might at some other time scarcely be noticed. These are trivial points in themselves, but they all contribute to putting the patient at rest mentally.

The nursing care of poliomyelitis will be described under two divisions. The first will be a résumé of the nursing care required for the mildly-ill patients those who require skilled nursing and close observation, but who either do not develop any paralysis at all, or who develop paralysis which does not endanger life. The second division will discuss the nursing care required for those who become acutely ill due to the nature of the paralysis.

The first consideration in caring for the poliomyelitis patient is to make him comfortable and at the same time support weakened muscles. This is accomplished by putting a fracture board under the mattress, a cradle over the feet to protect the toes from the weight of bedclothes, and giving the patients only one pillow. The patients are instructed to rest quietly in order to avoid muscle fatigue. They are not allowed to sit up in bed, or so much as to hold a book if there is danger that its weight may be tiring. Fatigue is undesirable because it appears to aggravate muscle weakness.

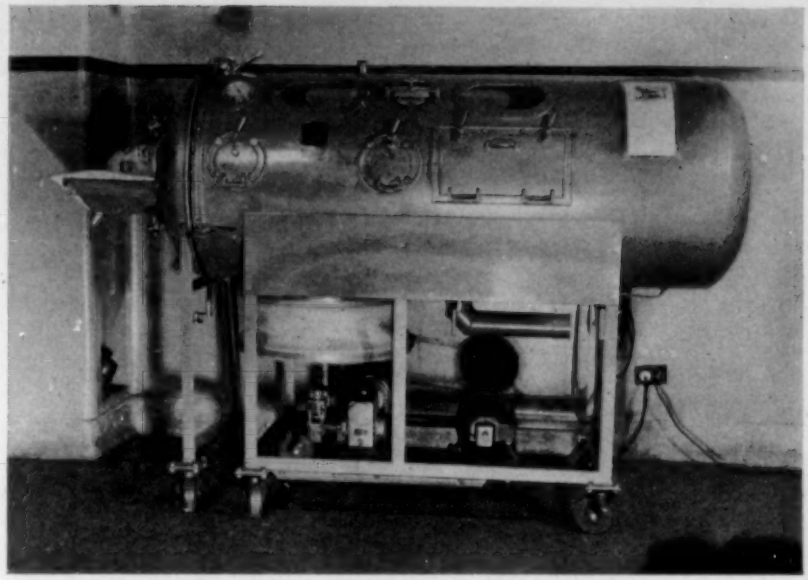
As the patients lie so still, the care of the skin is most important. To prevent dryness and cracking, cocoanut oil in alcohol, also equal parts of lanolin and cold cream, have proved very satisfactory. Pressure sores may be guarded against by the use of rubber air-rings and pressure pads. The latter may be made from a small square of sponge rubber with a hole cut in the centre, so that the elbow or heel may rest in the opening and not touch the bed.

The diet is fluid at first and fluids with a high caloric value are given, the patient being encouraged to take at least 2400 c.c. in twenty-four hours. As the temperature becomes normal, provided there is no difficulty in swallowing, the diet is gradually increased to full diet. The patient is always fed in order to prevent fatigue. Constipation, due to poor muscle tone in the abdominal wall, constitutes a serious problem. Small doses of mild laxatives are given regularly to prevent this difficulty.

All poliomyelitis patients must be careful watched for any evidence of paralysis which may occur up to two weeks from the onset of illness. The paralysis may develop suddenly or come on gradually. In either case, it is of importance to observe the condition immediately. If paralysis occurs in the extremities, sand bags and pillows are used to support the sore and tender muscles and splints are applied when the pain has subsided. When the acute stage of the disease is over, various types of physiotherapy aid greatly in restoring muscle tone.

At the end of twenty-two days, which is the period of quarantine, the non-paralytic patient is ready for discharge. At this time, the patient is given a very careful physical examination in an effort to detect any muscle weakness. A special chart form showing the muscles of the body is used, and the condition of each muscle is indicated on this muscle chart. The patient with paralysis continues to receive the care which will be described in a later article. Terminal disinfection is carried out as in any other infectious disease. It is well to discourage the patient's friends from sending gifts which he might wish to keep and which cannot be disinfected.

We may now consider the nursing care required in caring for patients who are acutely ill due to other types of paralysis. One of these is the bulbar type, in which cells in the medulla and pons are affected. These patients show paralysis of the muscles of the eyes, face, tongue, pharynx, and larynx. They have extreme difficulty in swallowing, and for this reason fluids by mouth are greatly restricted. Only small amounts of ice chips or one teaspoon of water every hour may be allowed. The foot of the bed is elevated to assist postural drainage, and a suction machine is used frequently to remove mucus from the throat. Atropine gr. $\frac{1}{50}$ every four hours is usually ordered to check secretions. To reduce cerebral edema, a solution of glucose may be given intravenously every four hours. The amount of fluids given by mouth is increased as the difficulty in swallowing lessens. The



Patient in a Drinker Respirator

mortality in this type of poliomyelitis is very high.

Patients having respiratory difficulty present a serious problem and require careful and intelligent nursing. Laboured respiration, with the accessory muscles being used at each inspiration, and the development of cyanosis, are the danger signals. Fortunately the Drinker type of respirator may be used for these cases. In order to put the patient in the respirator it is necessary to loosen the screws or clamps which hold the head-end of the machine tightly in place. This head-end and the mattress carrier then pull out, looking not unlike a narrow bed with a high head board. The patient is placed on the stretcher, his body resting on the air mattress, and his head, which slips through an elastic rubber diaphragm in the end of the machine, resting on a small pillow on the projecting shelf. It is important to see that pads are put in between the shoulders and the metal of the machine. The neck should be protected from irritation from the rubber diaphragm by means of a flannelette bandage or soft pads. This protection must be skilfully done in order that air will not enter around the neck. An air-ring is put under the buttocks and sand bags are arranged to hold the feet and legs in proper position. The weight of blanket and sheet must not be allowed to rest on the feet. The arms are placed in a comfortable position across the chest.

This is all done as quickly as possible and the stretcher is pushed into the steel frame of the respirator, the clamps are securely closed and the electricity is turned on. The mechanism is such that alternating positive and negative pressure is created in the machine and this causes the chest wall to be alternately compressed and relaxed. As a result, air

passes in and out of the patient's lungs as rhythmically as though it were his own muscles which were responsible for the changes in thoracic pressure. Most machines are set for eighteen to twenty respirations per minute. The depth of respiration is controlled by a valve which regulates the pressure gauge. The temperature of the respirator varies from 70 to 80 degrees, Fahrenheit, and the relative humidity is about 30 to 40%. Patients improve in colour almost immediately and, exhausted by the previous effort of trying to breathe, soon drop off to sleep.

While the patient is acutely ill the respirator should be turned off when giving fluids, otherwise there is danger that fluid may be aspirated. Later, larger amounts of fluids and solids can be given without difficulty, and without changing the pressure. Very little nursing care, other than to provide nourishment, can be given while the patient is in the respirator, although through the port-holes in the side, a sandbag may be readjusted, or other such details given attention. Care must be always taken that these port-holes are tightly closed afterward, or the pressure will not reach the desired height.

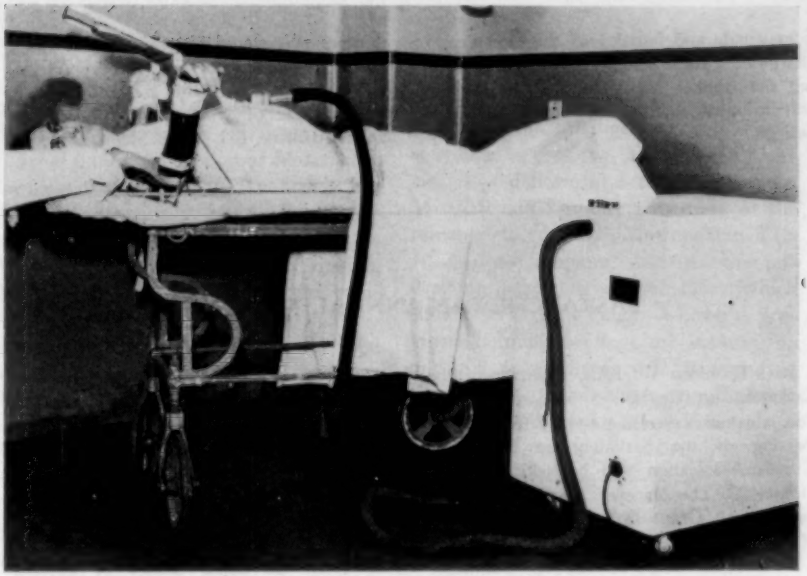
Before opening the machine in order to give nursing care, all requisites must be in readiness. While out of the machine the patient is given oxygen either by open or closed technique. The nurses loosen the clamps, draw out the strecher, and working gently and quickly, bathe the patient, remake the bed, adjust pillow, sandbags and pressure pads, and give any other necessary treatment, such as an enema or catheterization. The use of rubber bed pans has proved of great value with these patients, as they greatly lessen the possibility of the development of pressure sores.

As some degree of recovery returns to the muscles of respiration, the patient may be left out of the machine for gradually increasing periods of time. The patient's vital capacity is measured weekly, using a Benedict-Roth machine, and the "time out" is determined by these tests. A special type of clinical record is kept which gives, in addition to the usual information, a full record of the time the patient spends outside the respirator. This includes the reason for removing the patient, the treatments given, the length of time the patient is outside the machine and the condition of the patient during this interval.

Due to the fact that adequate splinting of the arms cannot be carried out in the Drinker type of respirator, the Leibel-Hall unit is used in some cases. This consists of a flexible rubber jacket, fitting comfortably over the abdomen and operated from a centre-guided bellows. This type of respirator makes it easier to give nursing care to back and extremities. The Leibel-Hall unit is, however, still in the experimental stage of development, and has not yet proved to be a desirable substitute for the Drinker machine for all patients.

Patients who have to have respirator treatment are likely to be ill for a long time. They are particularly in need of all the help the nurse can give in maintaining a healthy mental attitude. Mirrors arranged so that they may see the passing traffic, or catch a glimpse of some pleasing view, sometimes afford a good deal of pleasure. The radio, magazines and books are all excellent. A book rest is attached to the front of the machine and although the nurse must turn each page, the smile and thanks of the patient make up for the endless round of page-turning.

Nursing the poliomyelitis patient is a task which calls for the finest qualities



Patient in a Liebel-Hall Respirator

in nursing: gentleness with firmness, intelligent observation, skill, understanding of others, ability to co-operate, and a hopeful attitude that inspires the weak to keep on trying because they feel it is worth while.

MORE CANADIANS FOR SOUTH AFRICA!

The list of Canadian nurses who have been accepted for positions in South Africa is still lengthening. In the March issue of the *Journal* it was reported that eleven nurses were on their way and now the total has grown to fifteen. The four latest appointments are the following: Miss Eugenie Stuart, a graduate of the Toronto General Hospital Training School for Nurses, and recently clinical instructor in the University of Toronto School of Nursing; Miss Florence Sparling, a graduate of the University of Toronto School of Nursing, recently doing generalized public health nursing for the Red Cross Society at Callander, Ontario; Miss Mary Thom, a graduate of the School of Nursing of the University of Toronto and recently on the staff of the Toronto branch of the Victorian Order of Nurses; Miss Helen Cookson, a graduate of the School of Nursing of the Royal Victoria Hospital, Montreal, and recently a member of the nursing staff of the Indian Hospital, Fort Qu'Appelle, Saskatchewan.

These Canadian nurses will be attached to the nursing service of the newly opened Groote Schuur Hospital in Capetown. Each ward unit of thirty-four beds is under the direction of the Sister-in-charge. The sec-

tions (male and female) of this unit are in charge of a staff nurse who assists in teaching the student nurses as well as sharing responsibility for the nursing care of the patients.

Nurses who would like information about possible appointments in South Africa, should communicate with the convener of the Exchange of Nurses Committee, Miss Jean E. Browne, 621 Jarvis Street, Toronto.

SASKATCHEWAN ANNUAL MEETING

Miss Kathleen W. Ellis, registrar of the Saskatchewan Registered Nurses Association, announces that the twenty-first annual meeting of the Saskatchewan Registered Nurses Association will be held on April 21 and 22. The place of meeting is Moose Jaw, at the Grant Hall Hotel. A synopsis of the programme follows.

At the morning session on Thursday, April 21, the Invocation will be delivered by the Venerable Archdeacon Western. Welcome will be extended by His Worship, the Mayor of Moose Jaw and by Mrs. Droppo, president of the Moose Jaw Graduate Nurses Association. Response will be made by Miss Diederichs, instructor, Gray Nuns Hospital, Regina. Reports will be presented by the secretary-registrar, the treasurer, and the school adviser. The report of the standing committee on education will be given by Miss Edith Amas, director of nursing, Saskatoon City Hospital. Miss Ann Morton, of Weyburn, will report for the standing committee on public health and Miss Helen Jolly, of Regina, will present the report of the private duty committee. The presidential address will be delivered by Miss Annie F. Lawrie. An address entitled "Education—today and tomorrow" will be given by Mr. G. W. Murray, of the Moose Jaw Normal School. Miss King, who is instructor in the Providence Hospital, Moose Jaw, will speak on "The discerning eye in Exhibits". Exhibits, representative of nursing, hospital and school activities, will be displayed throughout the convention.

At the Thursday afternoon session, reports of various committees will be presented and discussed. The report of the Committee on Dominion Registration for Nurses will be received and round table discussion will take place. Later in the afternoon, the business meetings of the three Sections will be held. In the evening, a banquet has been arranged at which Mr. N. R. Craig, K.C., will speak on some phases of current events. A musical programme will be given by the student nurses of the Moose Jaw General Hospital, under the direction of Dr. Marion Powell.

On Friday, April 22, the morning session will be devoted to the reports of special committees and Dr S. R. Laycock, professor of educational psychology at the University of Saskatchewan, will speak on the value of mental hygiene in the life of the nurse. At noon a luncheon is being arranged under the auspices of the Moose Jaw Graduate Nurses Association. At the afternoon session, election of officers will take place and there will be a meeting of the executive.

As announced under the caption of *Notes from the National Office* in this number of the *Journal*, the attention of nurses throughout Canada will shortly be turned towards Moose Jaw as the centre for an interesting experiment in conducting a Community Nursing Service Bureau. It is hoped that the nurses of Saskatchewan will avail themselves of this occasion to visit Moose Jaw, to attend the Convention and obtain more information at first-hand.

The Grant Hall Hotel offers special rates to nurses who are attending the convention. Early reservations are advisable.

THE EDITOR'S DESK

Intelligent debate

The tentative programme of the Biennial Meeting of the Canadian Nurses Association appears in this issue of the *Journal* under the caption of *Notes from the National Office*. In an article entitled "Halifax, July, 1938", which appeared in our February issue, Miss Ruby M. Simpson, President of the Canadian Nurses Association, indicated the principal issues which will come up for discussion. Turn to this article and read it again before you tackle the programme itself. It may also be helpful to review the 1937 Report of the Committee on Dominion Registration for Nurses which was published in full in February. And you might also look over the report, presented by the Executive Secretary of the Canadian Nurses Association, concerning the findings of the committee on community nursing bureaux.

With this information at hand, you can then proceed to analyze the programme more profitably. You will see that time is allotted for the specific purpose of thorough discussion of all important issues. Such time is precious and is sometimes wasted by thoughtless persons who, having neglected (or scorned) to read the *Journal*, find it necessary to ask tedious questions which serve only to display a dismal ignorance of current nursing events.

Reader's Guide

The nursing of acute poliomyelitis is a delicate and difficult job. Miss Marjory Ferry, head nurse in the poliomyelitis service of the Toronto General Hospital, gives a clear and practical exposition of how to go about it. Δ Favourable comments were made concerning "New ideas about examinations", an article written by Miss Grace Giles, which appeared in our February number. Miss Giles now follows this up by telling us how to build an objective test. It seems that you need intelligence to build one, as well as to pass one. Δ Making a home visit is a delicate and responsible task. Miss Marion Lauder, a member of the nursing staff of the Metropolitan Life Insurance Company, discusses the underlying psychological principles which should serve as a guide. Δ Several provincial annual meetings are looming up and the programmes will be found in this issue. Better see what *your* Province is preparing for your delectation and instruction.

Local Colour

We ought never to have courted disaster by publishing any generalizations about local colour in the Maritimes. No sooner had "Down by the Sea" appeared in our March issue than this stern rebuke came to us from an unimpeachable authority:

> Cape Breton was a separate Province from 1784 to 1820, and many of its inhabitants do not like to have their letters addressed to "Nova Scotia' but prefer "C. B." Cape Breton has many French towns and villages—Bras D'Or, L'Ardoise, Isle Madame. *Much more French can be heard than bagpipes.* There is, I believe, *one* family of MacTavishes in Pictou County. There are none in Cape Breton. This is not a Nova Scotian name. Pictou is the real home of the Highlander, and Highland games, bagpipes and dancing contests are held every year. The lobster festival is quite spectacular.

All we can do is to bow our head in shame and apologize humbly to the Mac Tavishes, the bagpipes and the French language. We are going to find out the date of that lobster festival with a view to attending.

BRITISH COLUMBIA ANNUAL MEETING

The annual meeting of the Registered Nurses Association of British Columbia, will be held in the Empress Hotel, Victoria, on April 22 and 23, 1938. It is the aim of the programme committee to arrange, by means of round tables, for as much discussion as possible of important matters. A symposium on congestive heart conditions, including the latest methods of medical nursing and dietary treatment, will be given, as well as a series of short papers on topics presented by the Public Health Section. Each of these sessions will be of interest to all three sections of the Association. Dr. G. F. Strong has been asked to give an address entitled "New developments in medical nursing service" at the evening session on Friday, April 22. The annual dinner will be held on Saturday, April 23, at the Empress Hotel and will be followed by an illustrated travelogue given by Mr. Pendray, and by an informal reception.

The annual refresher course for public health nurses, held under the auspices of the Provincial Board of Health and the Department of Nursing and Health of the University of British Columbia, will take place in Vancouver during Easter week, preceding the annual meeting of the Registered Nurses Association of British Columbia. Lectures and discussions will deal with the problems confronting the members of the provincial nursing staff, as well as topics of general interest. In view of the recent expansion of public health work in British Columbia a very interesting and profitable course is anticipated. Details are available on application.

ONTARIO ANNUAL MEETING

Miss Matilda E. Fitzgerald, secretary-treasurer of the Registered Nurses Association of Ontario, announces that the thirteenth annual meeting of the Registered Nurses Association of Ontario will be held in Kingston on April 20, 21 and 22, 1938. One general session will be given over to the presentation and discussion of the report of the Committee on Dominion Registration for Nurses.

Under the auspices of the three Sections, a symposium on the care of poliomyelitis patients will be presented under the headings of "The Surgeon", "The Nurse" and "The Community". Among the many interesting events will be the banquet on Wednesday evening, April 20, when Mr. James A. Roy, M.A., Professor of English in Queen's University, will give an address on James Matthew Barrie. Mr. Roy is known as a very entertaining speaker and his subject is one which every member would enjoy.

Newspaper publicity in relation to nurses and nursing is a subject of vital concern to the Association and to nurses generally. A discussion of this topic, entitled "Nurses in the News" will be presented by Miss Ethel Johns. An address of keen interest to all nurses will be "Significant trends in the Training Schools for Nurses in Ontario", which is to be given by Miss A. M. Munn, Director of Nurse Registration for Ontario. An evening meeting of outstanding interest is being planned for Thursday, April 21, concerning which full details are not yet available.

The Association has not met in Kingston since 1929. Increasing membership displays that a more active interest is being taken by nurses throughout the Province in the Association; therefore, a large attendance is anticipated.

How to Build an Objective Test

GRACE GILES,

Instructor and Supervisor of Nurses, Toronto General Hospital

In an introductory article which appeared in the February issue of this *Journal* the suggestion was made that the so-called New Type Examinations might be used more extensively in examinations for nurses. It is now proposed to outline briefly how such an examination may be prepared. You will recall that this type of examination is composed of a large number of questions and that they may be asked in a number of different forms. It is essential, whatever the form of the question may be, that the answer can be stated definitely and concisely. If questions are worded in such a way that the student has opportunity to wander in a maze of words various subjective features may enter into the assignment of the mark. (It is difficult to be as mentally alert when marking the last papers as when marking the first.)

For the benefit of those who may not be familiar with them, some of the main types of questions suitable for objective tests are given. The examples which accompany each form are taken from an examination paper on a series of eight lectures in gynaecology and, in order to make the illustration clear, the answer is appended in each case; ordinarily these would be on a separate answer sheet or stencil.

Type One: Recall Tests

As the name implies, the student is required to recollect and write in the space allowed a word or phrase which will answer the question. The recall test may take many forms and some of these variations, with examples, are as follows:

(a) *A definition with a word or phrase as the answer.*

The term indicating a pregnancy developing in some location other than the normal intrauterine site is .....

Answer: ectopic pregnancy.

(b) *A statement with a single word or a phrase as the answer*:

The main symptom of a vesico-vaginal fistula is .....

Answer: constant loss of urine through vagina.

(c) *"Example" single answer tests*:

The substance oestrin and lutein, elaborated by the ovaries, are examples of .....

Answer: hormones

(d) *Partial enumeration*:

Irregular or excessive vaginal bleeding may be a sign of cancer. Three other signs and symptoms are .....

Answer: pain, vaginal discharge, urinary symptoms, swelling.

(e) *Complete enumeration*:

Three symptoms of abortion are: (1) ..... (2) ..... (3) .....

Answer: bleeding, crampy lower abdominal pain, expulsion of tissue usually with clots.

Type Two: Multiple Choice Tests

In these questions a number of answers are suggested and students are instructed to underline the correct answer. The different ways in which these may be presented are:

(a) *Direct question followed by several suggested answers*:

Laceration, which extends down through the perineum, and involves sphincter ani muscle and bowel, is a first ..... second ..... third ..... degree tear?

Answer: third degree.

(b) *Incomplete statement, followed by several terms to complete it*:

Tumours draw nourishment from: the tissues in which they occur ..... from a blood supply of their own .....

Answer: the former.

(c) *Plural multiple answer test: consists of one term followed by others, some of which are connected with it*:

Malignant tumours of the genital tract may occur on: vagina ..... uterus ..... cervix ..... ovary ..... Underline two most frequent sites.

Answer: uterus and ovary.

(d) *Make a statement and give choice of reasons; student to pick out the correct reason*:

Douches are not given to patients with puerperal infection because: (1) It may cause bleeding ..... (2) It may spread infection ..... (3) It may cause the patient discomfort .....

Answer: (2)

Type Three: Alternative Tests

This type calls for decision between two opposing considerations. These may take the form of (a) true-false tests, the statements being in declarative form. The student is instructed to cross out the F if the statement is true, or the T if the statement is false.

It is important to isolate patients with puerperal infection ..... T ..... F.

Answer: true.

(b) *Questions in interrogative form.*

Are malignant growths spread by invasion of adjacent tissues? (Student instructed to answer yes, or no.)

Answer: Yes.

Type Four: Completion Tests

The questions consist of partial statements, requiring one or more words to complete them.

A suitable form of treatment for gonorrhoeal urethritis and cervicitis after the acute stage is past, consists of (1) ..... applied to urethra once or twice each week, and a solution of (2) ..... as a douche, once or twice a day. After infection has localized in cervix, in from four to five weeks, the surgeon treats the area with (3) .....

Answer: (1) 50% silvol or 10% mercurochrome; (2) Potassium permanganate 1-4000; (3) Cautery.

A variation of this method is to make a number of incomplete statements and include an accompanying list of words from which the correct terms are to be selected. There must always be more words than there are statements and for ease in correcting, definite instructions are given as to where to place the answers.

Select the terms from the accompanying list which make each of the following definitions correct. Place the correct word on the left side of the statement.

(1).....Absence of menstruation.

(2).....Excessive bleeding at menstrual period.

(3).....Abnormal bleeding at other times than menstrual period.

(4).....Pain associated with menstrual period.

(5).....The correct term for "change of life".

(6).....The correct term for "milk leg".

Phlebitis, oligomenorrhoea, menorrhagia, vicarious menstruation, menopause, metrorrhagia, dysmenorrhoea, amenorrhoea.

Answer: (1) amenorrhoea; (2) menorrhagia; (3) metrorrhagia; (4) dysmenorrhoea; (5) menopause; (6) phlebitis.

Type Five: Incorrect Statement Test

Statements are made containing one or more mistakes. Student is instructed to stroke out the wrong term and to place correct word in a list at the side.

The true pelvis is *above* the pelvic brim.

Answer: The word "above" is stroked out and "below" is written at the side.

Type Six: Identification Test

This test consists of a picture or diagram, different features of which are to be identified. The student is given a drawing of the internal genitalia and a list of the parts, with letters or numbers to correspond may be furnished. In this case the student has to place the letters, which represent the parts, in the correct place on the diagram. Or the diagram alone may be used and instructions given to write in the names ot the parts on the diagram.

Type Seven: Continuity Tests

A list of items given in random order. The student is asked to arrange the items in relative order.

The following symptoms are associated with cervical cancer. Indicate by numbers, 1, 2, 3, placed on the left side of the terms, the usual order in which three of the earliest symptoms occur: Loss of weight ..... irregular bleeding ..... pain ..... Malaise ..... foul-smelling vaginal discharge .....

Answer: First, irregular bleeding; second, foul-smelling vaginal discharge; third, may be any one of the other symptoms listed.

Making up the paper

Having considered some of the ways in which the questions may be asked the next problem is to make up the examination paper. The following suggestions are submitted as a practical method by which this may be done:

Draw up table of specifications with reference to lecture number, topic and key. Indicate approximate percentage of items to come from each lecture.

Ask oneself how many good questions can be made under each of these topics? Remember that 50—70 items take about one hour to answer, depending on the degree of difficulty. In framing the preliminary test items, try to make from 25 to 50 percent more items than are likely to be needed. This allows for culling.

Cover the field thoroughly. It is sometimes easier to write out statements first and then to change them into questions.

Decide which "types", (true-false, multiple choice, etc.) are best suited to the questions. It has been found by educators that different types have about the same degree of validity, reliability and objectivity.

It saves time to have each question on a separate piece of paper, with the answer written in. These can then be adjusted according to type and finally copied.

Be sure that all questions may be marked objectively.

A supervisor preparing an examination based on eight lectures in gynaecology might first make a general outline, similar to that which is shown in the accompanying table.

Using the lectures as a basis, the supervisor then prepares as many worthwhile objective questions (including the answers) as she can, using the "types" which seem most suitable. Sufficient space must be left between these items so that the page may be cut up into individual questions. Each question has the "key" letter on it. This means that all questions on lecture one would have "A" in the margin, and so on. This device is of assistance in culling. The next step is to decide on the approximate percentage of items to be allowed for each topic and then to cull out the extra questions. For example, if the percentage of questions to come from "A" is 15%, and from "E" is 10%, and it is found that there are more "E" than "A" questions, "E" questions are eliminated until the proportion is approximately two-thirds that of "A". The accepted questions are then arranged on the examination paper according to the types to which they belong. A stencil for marking is prepared at the same time.

The following points should be remembered when building a new type examination:

Explicit directions should be given the students as to where to place the answers. Questions should be so arranged that there is no regular sequence of "true" or "false":

Number of lecture	*Topic of lecture*	*Key*	*Approximate percentage of items*
One	Anatomy and physiology of female reproductive system	A	
Two	Disorders of menstruation	B	
Three	Obstetrical injuries: malposition of uterus	C	
Four	Benign tumours of reproductive organs	D	
Five	Malignant tumours of reproductive organs	E	
Six	Inflammatory diseases	F	
Seven	Non-puerperal infections	G	
Eight	Abortion, ectopic gestation	H	

Wording of statements should be such that correct answers are not too evident and incorrect ones not too absurd.

The types of tests used (multiple choice, completion, etc.) should be varied. The examiner should consider the question from the point of view of the student who does not already know the answer.

On first consideration, this may appear a too formidable task and it is true that making up such a paper requires considerable time. One compensating feature is, however, that when such a paper has been carefully prepared, it may be used over a period of time, with such slight modifications as may be necessary. Another bright aspect is the great amount of time saved by not having to mark essay type papers. Whether you like these suggestions or not, let us be alive to the need for improvement. By actual trial of different methods we may be able to evolve more satisfactory and more scientific means of measuring the progress of our student nurses.

THE INSTITUTE AT McGILL

One hundred and eleven registrants, lively and instructive sessions, and a genial atmosphere of friendly understanding contributed to make the recent Institute held under the auspices of the McGill School for Graduate Nurses a most outstanding success.

A particularly significant feature was that, in order to participate, directors of nursing, instructors, supervisors and public health nurses came from distant as well as neighbouring cities. Ottawa led with seven representatives, Halifax had four and Saint John had three. One

came from Spring Hill, N.S., another from St. Stephen, N.B., a third from Cornwall, Ont. The city of Quebec was represented and so was Ste. Agathe. The Montreal nurses came early, and stayed late.

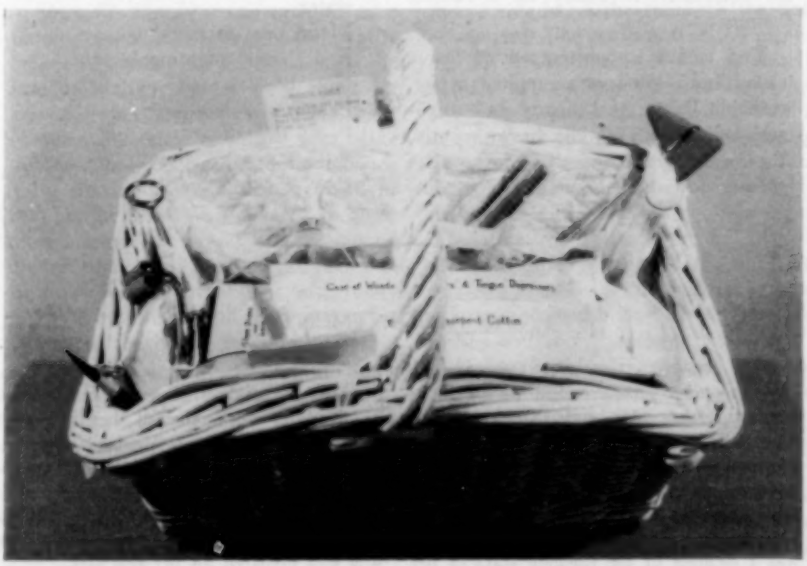
Once more, the McGill School for Graduate Nurses has demonstrated the rich potentialities which it possesses as a centre of nursing education. Its director, Miss Marion Lindeburgh, and her associate, Miss Mathewson must have felt well repaid for the time and effort they had so generously expended on the organization and direction of the enterprize. Splendid co-operation was given by the Schools of Nursing of the Montreal General Hospital and the Royal Victoria Hospital as well as by the staff of the Neurological Institute. The demonstrations of clinical instruction and of advanced nursing procedures given by these institutions were of exceptional interest and practical value and as examples of dramatic teaching, were particularly outstanding.

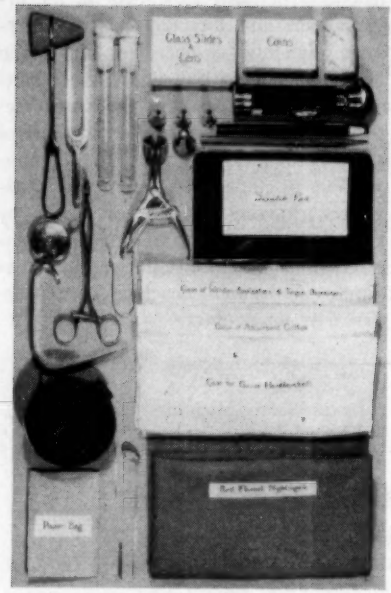
A Practical Device

E. Gertrude Ferguson

Instructor of Nursing, Ottawa Civic Hospital

As a time and energy saving device for assisting the doctor with a physical examination, the medical basket here illustrated has been found very satisfactory at the Ottawa Civic Hospital. It is compact, easily handled and contains all





Contents of basket

the equipment necessary for a routine examination.

The basket is constructed of heavy wicker and is lined with a quilted, white, washable lining, tied firmly and unobtrusively, which fits the basket neatly. A piece of tape runs around the sides halfway down and is stitched to the lining at intervals. This serves as a rack to hold the instruments in place in an upright position, thus eliminating any searching among the other contents of the basket. The contents are as follows:

Instruments

Metal tongue depressor
Mouth gag
Laryngeal mirror
Nasal speculum
Aural specula (3 in case)
Metal applicator
Tuning fork
Ryles hammer.

Supplies

Flash light
Head mirror
Wooden applicators, in a cotton case
Tongue depressors, in a cotton case
Gauze handkerchiefs, in a cotton case
Absorbent cotton, in a cotton case
Coins and lens
Glass slides
Stoppered test tubes for hot and cold water
Metal tape measure
Red flannel nightingale
Note book
Pencil
Paper bag
Scratch pad
Skin pencil.

AN APPOINTMENT

Miss Norena Mackenzie has recently been appointed superintendent of nurses at Jeffrey Hale's Hospital, Quebec. Miss Mackenzie is a graduate of the School of Nursing of the Montreal General Hospital and has also taken post-graduate work in teaching at the McGill School for Graduate Nurses. For eight years Miss Mackenzie was a member of the teaching staff of her own School and, during that time, was awarded the Mildred Hope Forbes Memorial scholarship which enabled her to study methods of nursing in England. Prior to her latest appointment, Miss Mackenzie served as a member of the teaching staff in the School of Nursing of the Hospital for Sick Children, Toronto and is exceptionally well prepared for her new task.

How to make a Home Visit

MARION LAUDER

Staff member, Nursing Service, Metropolitan Life Insurance Company

The response to instruction depends to great extent upon the approach to the family. To quote from the *Metropolitan Nurses Manual*: "The nurse's approach to the home and the impressions which she makes during the initial visit determine the family's attitude towards her and the nursing service. She should enter every home with courtesy and professional dignity, introducing herself by name, explaining the reason for her visit and by whom she was sent. She should make every effort to put the family at ease, by her sympathetic interest in the situation in the home."

Since the illness of one member of a family inevitably affects the entire household and, in like manner, the family situation has a vital effect on the individual patient, the nurse must consider the other members who make up the family as a unit. This may involve making a study and a record of the family from such aspects as home environment and resources, mental ability and family relationships. The health problem is dependent on heredity and environment, and the interaction of one to the other. As a result, or as a cause of illness, social and economic problems present themselves such as unemployment, inadequate salaries with resulting poverty, poor housing, insufficient food supply and lack of recreational facilities. These factors play a predominant part in the recovery of the patient. Here the nurse has an opportunity of making intelligent use of community resources such as the various clinics and health departments, employment agencies, welfare bureaus, parent education groups and neighbourhood workers associations.

The ultimate responsibility for taking measures necessary to attain health rests of course upon the family itself, and progress is made only as this responsibility is accepted and acted upon by the family. We are sometimes so intent on remedying a special situation that the "family concept" is in danger of being displaced by the individual "case". Why should this be, if the family is the unit of service? The truth is that the meaning of family health is not so clearly defined in our minds as the technique of giving a bath, or the demonstration of a formula and for a very good reason. These procedures resolve themselves into definite steps, while family health is never the same in any two instances. Therefore the nurse must be able to recognize and understand the different attitudes of patients and families toward sickness and health, and toward doctors, nurses and social workers.

Unless a friendly contact is made there can be no useful communication between nurse, patient, and family because the relationship which grows up between them is the medium which carries the teaching. It has been said that the important thing to remember in interviewing is the gradual approach to

the centre of a person's life, the development of rapport and identification, and an understanding of the technic of mental release — a person is always withholding something, sometimes a great deal, but always something. The successful interviewer is measured by the degree to which the person interviewed can be stimulated to tell naturally about himself.

If the individual or family does not immediately respond to our friendliness we find it hard to maintain an objective attitude. The important thing is not to be concerned at unfriendliness, but to accept the situation calmly and to feel around for some common ground upon which our relationships may be pleasantly established. Degrees of rapport may be considered as follows:

The stage of friendly belief.

The stage of personal trust.

A deeper stage of personal trust called personality contact. In this state the patient likes the nurse and wants to be understood by her.

The stage of dependent attachment. This should not be reached by the nurse.

We must be able to handle rapport, and this all depends on the nurses' ability to be objective. Objectivity may be defined as the capacity to deal with a situation, or with another person, without allowing one's judgement to become distorted by one's emotions. It is a constructive force in everyday living. We must first work with problems which concern the patient or his family. Can we honestly say that no matter what the original purpose of our visit is, our responsibility has always been the *total* health of the family, and that the visit classification has meant merely the occasion which precipitated the opportunity for service to the family? In other words, do we not agree that the goal is always the same, even though emphasis must be shifted as occasion demands?

To illustrate this point, let us analyze a prenatal visit to the home. Obviously special attention will be given to the prevention of the hazards of maternity by medical supervision — problems that may have a distinct relationship not only to the health of the prenatal patient, but to the individual, the family and the community. Who can prove the relative importance to society of prenatal care, as against attention to the grandmother with a chronic fibroid tuberculosis that is masquerading as a chronic winter cough? Defective tonsils or adenoids in a malnourished pre-school child who has not been immunized against diphtheria, malnutrition in the adolescent school girl, or delinquency in the adolescent boy with a heart lesion — all have social significance. Moreover, who can say that good prenatal nursing has been done when the nurse has not surveyed the family situation, in order to elicit each of these health and social problems which are lowering the efficiency of its members, individually and collectively. The nurse should accept the same responsibility for the solution of these problems as she does for the prenatal service. Indeed, the name under which the visit is actually classified, may describe the least important service rendered on that visit.

Teaching is the art of helping the patient or family to help themselves. It is based on a sympathetic understanding of the needs of the person being taught, a spirit of comradeship, the ability to see difficulties and problems from the family's point of view, and the ability to recognize individual differences. The really successful public health teacher is the one who in addition to knowledge of her profession understands human nature. She must recognize the fact that during illness, well established habits and systems, not only of the patient but of the family, tend to be de-

moralized. Individual differences must be considered, she must learn to recognize different types of personalities, she must keep in mind that no two individuals react in exactly the same way to the same situation. Knowledge of the home environment, social position and general education of a patient should help her to comprehend why certain situations which some patients failed to notice, may annoy others. To realize how greatly people differ should cause the nurse to greet each patient as new and fascinating, not just as another "case". There should be, in addition, some understanding of the forces which determine behaviour trends. Anything which can be shown to influence the adjustment process is termed a motive. The power of strong motivation has appeared where patients have overcome the handicaps of poor health. Many a brilliant career in art, science and business has been possible only because the desire to get well has enabled the tuberculous patient to overcome the obstacles of poor health. Social restrictions and inhibitions have been imposed on our biological motives, appetites, attitudes and emotions. During illness these restrictions or barriers are often let down and the biological motives again become dominant, due, no doubt, to the various abnormal stimuli which irritate the patient. The nurse must recognize and seek to eliminate the type of stimuli which are annoying during illness, and to substitute those which are not annoying but which tend to stimulate motivation.

In order to utilize the best methods of instruction the Laws of Learning must be observed:

The law of readiness or mind set: when ready to act, to act is satisfying; when not ready to act, to act is annoying The patient and the family must be in a receptive mood before knowledge will be absorbed.

The law of exercise: when a given stimulus has been connected with a definite response a sufficient number of times, it tends to arouse that response in preference to any other response. This reaction is influenced by the following factors:

(a) Primacy: first impressions tend to be lasting, therefore, they must be correct. This can only be accomplished by frequent reviewing of manual techniques.

(b) Intensity or vividness: tell your story clearly. Illustrate it, if possible, with pictures.

(c) Frequency and recency: practice, but only with improvement, makes perfect. A good demonstration should be given, followed as soon as possible by an opportunity for practice and supervision.

The law of effect: that reaction tends to be repeated which is accompanied, or is immediately followed by, a satisfying state of affairs. That reaction tends to be inhibited which is accompanied or immediaely followed by an annoying state of affairs. If there is a happy relationship between the nurse and the member of the family being taught, then the principle of effect is being used. Provide the most pleasant environment possible under the circumstances. It is important also to give praise to an activity well accomplished. The methods of teaching depend also upon the person being taught.

Discussion: by this method problems are recognized and defined.

Telling or narrative method: is frequently a means of getting the desired mental attitude and of providing a motive.

Questions and answers: this method helps the nurse to know the needs and helps the members of the family to satisfy their needs. The nurse, too, learns where she has failed. She must learn to listen to replies and not be an incessant talker. This questioning method is particularly valuable following a demonstration, and on second or later visits.

Demonstration: the senses of sight and hearing and muscle sense are all utilized, therefore learning is improved. Every element entering into a demonstration should be made clear to the one being taught.

The final measure of the nurse's success is undoubtedly her ability to make her message clear and to do it so persuasively, or with such skill in teaching, that the desired measures will not only be understood but put into practice. Above all, and no matter what method of teaching is employed, the nurse must believe in the need for, and in the substance of, her teaching. She must be convinced that her teaching will help the family along the way to a wiser facing of difficult situations, and will lead them to secure and maintain health — that quality of life that renders the individual fit to live most and to serve best.

Halifax, July, 1938

Great preparations are being made in Halifax for the coming Biennial Meeting of the Canadian Nurses Association and one of the most active workers is Miss Marion Haliburton, president of the Registered Nurses Association of Nova Scotia. A member of a distinguished literary family, Miss Haliburton's letters have a distinctive originality and charm. Since she has been kind enough to give the necessary permission, we are going to quote from them:

Haligonians have not as yet been inoculated with the virus of rush and hurry but we are plannig to have an information booth, or desk, or whatever you wish to call it. It will have a telephone and everything. Even some fairly intelligent people in charge. All sorts of tourist information, maps, bus routes and fares. Girl Guides have been promised, also Sea Cadets to do errands, and tell people how to get places. When I am away from home, I like to be told where to go and how to get there. Where to get my hair cut, or a postage stamp of good quality, or a reasonably cheap picture or souvenir to take back with me. While on a holiday I like to be directed, because when I work, giving directions and advice and finding out things is part of my job. *On a holiday, I know nothing about nothing.*

Club privileges have been secured at the Waegwoltic for visiting nurses. Waegwoltic is an Indian name meaning "end of the water", the name the Indians gave to the Northwest Arm of our beautiful harbour. Of course you have guessed by now that the Waegwoltic is a club for bathing, boating, and tea-ing. It is a beautiful place to go after a busy day and is just a short distance from the car line; in fact we can arrange to have a bus, if desired. All who like salt water bathing had better bring along a bathing suit. Salt water is a bit more wet than fresh water but is easier to swim in, and though often quite cold, invigorates and rests one.

By way of conclusion, Miss Haliburton says that we take life far too seriously. "Nurses do not seem to like to laugh but would rather 'effich,' that is, act in an efficient manner". It looks as though it will do us all good to go to Halifax!

Notes From the National Office

Contributed by JEAN S. WILSON,
Executive Secretary, The Canadian Nurses Association

Tentative Programme

The tentative programme for the next General Meeting of the Canadian Nurses Association is published on the following pages. This meeting, which is the nineteenth convention of the National Organisation, is to be held in The Nova Scotian Hotel, Halifax, from July 4 to 9, 1938.

Recently the President, who is convener of the Programme Committee, secured the consent of Miss Effie Taylor to be the guest of Canadian nurses during the week in Halifax. Miss Taylor is Dean of the School of Nursing, Yale University, and President of the International Council of Nurses. Miss Taylor is to give an address on Friday evening, July 8. She has selected as the title of her address: "Nursing, a Profession and a Service".

Detailed announcements concerning the General Meeting have been published in previous issues of the *Journal*. To assist in ready reference to those announcements, the ensuing statement is made: *January number*: *Notes from the National Office*, pages 33 and 34; *February number*: "Halifax, July, 1938", pages 65 to 68; *Report of the Committee on Dominion Registration for Nurses*, pages 85 to 92; *Community Nursing Service Bureau*, pages 93 to 96. *March number*: *Down by the Sea*, pages 119 to 124; *Hotel accommodation and rates*, page 147.

A perusal of the tentative programme and anticipation of all that a visit to Nova Scotia suggests will no doubt cause numbers of nurses to decide upon attending the forthcoming meeting. The securing of early reservations for accommodation while in Halifax is urged.

Transportation

It has been learned that nurses residing west of Fort William will find the regular summer tourist rates, offered by both transcontinental railway companies, most satisfactory. The attention of nurses living in Fort William and east thereof is drawn to a twenty-one day rate which is in operation during the summer. Those who must limit their trip to Halifax to three weeks or less will find this rate advantageous.

An Important Announcement

At a meeting of the Executive Committee of the Canadian Nurses Association held on March 5, in Regina, Saskatchewan, the report of the Joint Advisory Committee on Community Nursing Service Bureaux of the Canadian Nurses Association and the Victorian Order of Nurses was presented and accepted. The report indicated that Moose Jaw, Saskatchewan, had been chosen as the centre in which the experiment in a community nursing service bureau is to be made. A resumé of the development of plans for this experiment was published in the February number of the *Journal*, pages 93-96.

Nightingale Memorial Fund

Further contributions to the Florence Nightingale Memorial Fund have been received as follows:

Alberta

Public Health Section, Alberta Association of Registered Nurses	$10.00
Graduate Staff, Royal Alexandra Hospital, Edmonton	10.00
"Interested Married Nurses", Edmonton	26.00
Nursing Staff, Provincial Mental Hospital, Ponoka	11.00

British Columbia

St. Joseph's General Hospital Comox	5.00
St. Mary's Hospital, Dawson	2.00
Provincial Mental Hospital, Essondale	18.00

Nova Scotia

A. A. Children's Hospital, Halifax	5.00
Halifax Branch, Victorian Order of Nurses	2.00
St. Elizabeth's Guild	5.00
Students and Graduate Staff, Victoria General Hospital, Halifax	18.00
Cape Breton and Victoria Branch, Registered Nurses Association of Nova Scotia	10.00
A. A. Glace Bay General Hospital	5.00

Ontario

A.A., Brantford General Hospital	15.00
A.A., Public General Hospital, Chatham	10.00
Staff Nurses, Fort William Sanatorium	5.00
A.A., Hamilton General Hospital	15.00
Isabel Hampton Chapter, I.O.D.E., London	5.00
Staff, Ontario Hospital, London	5.00
Edith Cavell Association, London	5.00
A.A., St. Andrew's Hospital, Midland	5.00
A.A., Niagara Falls General Hospital	5.00
A.A., Ottawa General Hospital	25.00
A.A., St. Luke's Hospial, Ottawa	10.00
A.A., General and Marine Hospital, Owen Sound	10.00
A.A., General Hospital, Port Arthur	1.00
Graduate Nurses Association, St. Catherines	5.00
A.A., Hospital for Sick Children, Toronto	25.00
A.A. Toronto Western Hospital	50.00
Ontario Division, Canadian Red Cross Society	25.00
A.A., University of Toronto School of Nursing	10.00

Quebec

A.A., Royal Victoria Hospital, Montreal	50.00

Saskatchewan

Staff Nurses, Regina General Hospital	6.50

Hotel Accommodation in Halifax

The convener of the sub-committee on housing of the Arangements Committee for the General Meeting in Halifax has submitted the following information concerning hotels and guest houses. The rates quoted are per diem, except when otherwise stated. The prefix "S" means single room; the prefix "D" means double room.

The Nova Scotian Hotel and the Lord Nelson Hotel: S, $3.00; D, $2.50; three in a room, $2.00 each person. All rooms have connecting baths.

The Queen Hotel and the Halifax Hotel: *American plan*: S, $3.00; D, $6.00; with bath, S, $3.50; D, $7.00; *European plan*: S, $1.50; D, $3.00; with bath, S, $2.00; D, $4.00.

The Grosvenor Hotel, Hollis St., $1.00 per person. Restaurant across street. Waverly House, 274 Barrington St., $3.00 per day with meals. Rooms with running water: $2.00. Meals at 50 cents each.

Hillside Hall, 21 South St., $14.00 per week with meals. The Alexander Annex, $3.00 per day; without meals, $1.00 per day.

All these hotels are within a short distance of The Nova Scotian Hotel, headquarters for the General Meeting.

THE CANADIAN NURSES ASSOCIATION
BIENNIAL MEETING

July 4-9, 1938
Nova Scotian Hotel, Halifax,
Nova Scotia

TENTATIVE PROGRAMME

Sunday — July 3

7.00 p.m., Church Services:

Old Saint Paul's Anglican Church—The Venerable T. W. Savary, D.D., Archdeacon of Halifax, *and* the Reverend A. Stanley Walker, M.A., President, King's College, Halifax.

Saint Mary's Cathedral—Sermon and Benediction—Reverend Father William Burns, Spiritual Director, Saint Elizabeth's Guild.

Monday — July 4

9.00 a.m. Section Executive Committee Meetings: *Nursing Education; Public Health; Private Duty.*

11.00 a.m. Special Committee meetings, as may be arranged.

1.30 p.m. Registration.

2.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

6.00 Supper, given in honour of the members of the Executive Committee of the Canadian Nurses Association by the Executive Committee of the Registered Nurses Association of Nova Scotia.

8.00 Meeting of the Executive Committee of the Canadian Nurses Association.

Tuesday — July 5

GENERAL SESSION, 9.30 A.M.

8.00-9.30 a.m. Registration.

9.30-10.15 Invocation: Reverend Dr. J. A. MacKeigan, St. Andrew's Church, Halifax.

Reading of Minutes of Biennial Meeting, 1936.

Report of Honorary Secretary.

Report of Honorary Treasurer.

Report of Executive Secretary.

Correspondence.

10.15-12.15 Reports of Standing Committees, with discussion:

(1) Publications Committee: Miss Florence H. M. Emory.

(2) Arrangements Committee: Miss Marion Haliburton.

(3) Programme Committee: Miss Ruby M. Simpson.

Formal presentation of resolutions from the Executive Committee and the Provincial Associations.

Appointment of Resolutions Committee. Appointment of scrutineers, with instruction regarding ballots. Appointment of press representatives.

Roll call of federated Associations.

The International Council of Nurses: Formal report of Quadrennial Congress, London, 1937, Miss Ruby M. Simpson.

Announcements.

12.15 Adjourn to view exhibits.

GENERAL SESSION, 2.00 P.M.

2.00-3.15 p.m. Reports of Special Committees, with discussion:

(1) *Joint Study Committee, Canadian Medical Association and Canadian Nurses Association*: Miss Nettie D. Fidler.

(2) *National Enrolment*: Miss Isobel McEwen.
(3) *Scholarship Award, Florence Nightingale International Foundation*: Miss Marion Lindeburgh.
(4) *Mary Agnes Snively Memorial*: Miss E. MacP. Dickson.
(5) *Budget*: Miss Margaret Murdoch.
(6) *Legislation*: Miss Jean E. Browne.
(7) *Curriculum for nurses-in-training in Mental Hospitals*: Miss Nettie D. Fidler.
(8) *Exchange of Nurses*: Miss Jean E. Browne.
(9) *Formation of Religious Guilds*: Miss Margaret Moag.
(10) *Use of figure of nurse in commercial advertising*: Miss Margaret Kerr.
(11) *Health Insurance*: Miss Jean I. Gunn.

3.15-3.30 Presidential Address.

3.30-4.30 *Community Nursing Service Bureaux*: (1) Report of the Committee of the Canadian Nurses Association: Miss Ruby M. Simpson. (2) Report of the Joint Advisory Committee of the Victorian Order of Nurses and the Canadian Nurses Association: Miss Jean I. Gunn. (3) Discussion.

4.30 Adjourn to view exhibits.

GENERAL SESSION, 7.00 P.M.

7.00 p.m. *Dinner Session*: Chairman, Miss Marion Haliburton, President, Registered Nurses Association of Nova Scotia.

Addresses of Welcome: The Honorable Angus L. Macdonald, Premier of Nova Scotia; His Worship, the Mayor of Halifax, Mr. Walter Mitchell; Dr. Allister Calder, President, the Nova Scotia Medical Association; Miss Marion Haliburton, President, the Registered Nurses Association of Nova Scotia.

Response to Addresses of Welcome: Miss Ruby M. Simpson, President, The Canadian Nurses Association.

Address: "Educating the Masses", The Reverend M. M. Coady, Ph.D., D.D., Director, Extension Department, Saint Francis Xavier University.

Wednesday — July 6

GENERAL SESSION, 9.30 A.M.

9.30-10.00 a.m. *Dominion Registration of Nurses*: Report of the Committee, Miss E. MacPherson Dickson.

10.00-12.00 General discussion.

12.00 Adjourn to view exhibits.

GENERAL SESSION, 2.00 P.M.

2.00-3.30 p.m. *The Canadian Nurse*: (1) Report of the editor and business manager. (2) Recommendations regarding future policy. (3) Discussion.

3.30-4.45 *The Florence Nightingale International Foundation*: (1) Report of the Canadian Florence Nightingale Memorial Committee, Miss Grace M. Fairley. (2) Report of the Florence Nightingale Memorial Committee of the Canadian Nurses Association, Miss Grace M. Fairley. (3) *The Foundation*: (a) The Course: Miss Gladys Sharpe, Scholarship Student, Canadian Nurses Association, 1935-36. (b) Financial Aspects, Miss Jean I. Gunn. (4) Discussion. (5) Presentation of resolutions.

4.45 Adjourn to view exhibits.

The evening has been reserved for Alumnae Association functions.

Thursday — July 7

GENERAL SESSION, 9.00 A.M.

9.00-9.30 a.m. *Progress Report of the Curriculum Committee of the Nursing Education Section*: Miss Marion Lindeburgh.

9.30-10.45 *Symposium on the Application of the Curriculum*:

(1) Our Philosophy: Miss E. Kathleen Russell, director, School of Nursing, University of Toronto.
(2) Administration: Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital
(3) Classroom and clinical experience: Miss Anne S. Cavers, Teaching Department, Vancouver General Hospital.
(4) Integration of health and community aspects: Miss Esther Lewis, health adviser, Montreal General Hospital.

10.45-11.30 Discussion.

11.30 *Address*: "The Proposed Curriculum in use—the story of a very young School", Miss E. Kathleen Russell, Director, School of Nursing, University of Toronto.

12.00 Adjourn to view exhibits.

CONCURRENT MEETINGS OF SECTIONS, 2.30 P.M.

Nursing Education Section: *Business Meeting.*

Chairman: Miss Marion Lindeburgh.

2.30 p.m. Reading of Minutes. Chairman's Address. Report of treasurer. Report of Committee on Instruction.

Reports of Provincial Sections on Nursing Education:

Alberta: Miss Helen Peters.
British Columbia: Miss Anne Cavers.
Manitoba: Miss Florence Roach.
New Brunswick: Rev. Sister Corinne Kerr.
Nova Scotia: Miss Eleanor Grew.
Ontario: Miss R. M. Beamish.
Prince Edward Island: Miss Anna Mair.
Quebec: Miss M. Batson.
Saskatchewan: Miss Edith Amas.

Appointment of Resolutions Committee. Appointment of scrutineers. Business previously referred to Provincial Sections. New business. Election of officers.

Public Health Section: *Business Meeting.*

Chairman: Miss Anna E. Wells.

2.30 p.m. Reading of Minutes. Chairman's address. Report of secretary-treasurer. Correspondence. Reports of Committees. Reports of Provincial Sections on Public Health: (a) Activities in Public Health Sections. (b) Developments in public health nursing:

Alberta: Miss Rae Chittick.
British Columbia: Miss Margaret Kerr.
Manitoba: Miss A. A. McKee.
New Brunswick: Miss A. Burns.
Nova Scotia: Miss Anne Slattery.
Ontario: Miss Mildred Walker.
Prince Edward Island: Miss Ina Gillan.
Quebec: Miss Anne Peverley.
Saskatchewan: Miss Ann Morton.

Appointment of Resolutions Committee: Appointment of scrutineers. Unfinished business. Election of officers. New business.

Private Duty Section: *Business Meeting.*

Chairman: Miss Jean Church.

2.30 p.m. Reading of minutes. Chairman's address. Report of secretary-treasurer. Correspondence. Roll call of Provinces. Reports of Standing Committees: (1) Education; (2) Nominations. Summary of reports of Private Duty Sections of Provincial Associations. Appointment of Resolutions Committee. Appointment of scrutineers. Unfinished business. Election of officers. New business.

5.00 p.m. *A sail on Halifax Harbour, as guests of the Registered Nurses Association of Nova Scotia, has been arranged.*

Friday — July 8

GENERAL SESSION, 9.00 A.M.

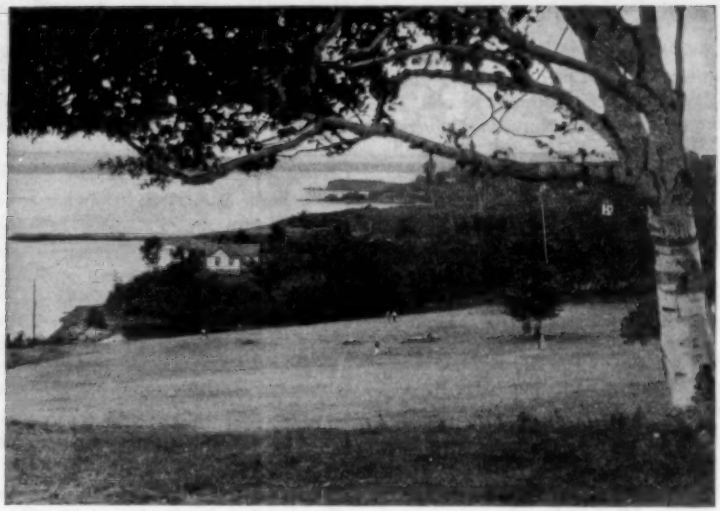
9.00-10.15 a.m. *Reports of the Provincial Associations, followed by discussion*:

Alberta: Miss Kate S. Brighty.
British Columbia: Miss Grace M. Fairley.
Manitoba: Miss Edith McDowell.
New Brunswick: Mrs. G. E. Van Dorsser.
Nova Scotia: Miss Marion Haliburton.
Ontario: Miss Ethel Cryderman.
Prince Edward Island: Rev. Sister Stanislaus.
Quebec: Miss Margaret Moag.
Saskatchewan: Miss Annie F. Lawrie.

10.15-11.00 Reports of Sections for the 1936-1938 period, followed by discussion: Nursing Education, Miss Marion Lindeburgh; Private Duty, Miss Jean Church; Public Health, Miss Anna E. Wells.

11.00-12.00 Unfinished business: Decision regarding Dominion Registration of Nurses.

12.00 Adjourn to view exhibits.



The Northumberland Strait, Pictou, N. S.

Courtesy of Canadian National Railways

GENERAL SESSION, 2.30 P.M.

2.30 p.m. *Economic Security for Nurses*: (1) Pension plans for nurses in other countries, Miss Kathleen W. Ellis; (2) Savings and pension plans through (a) Canadian Government Annuities: speaker to be announced later; (b) Insurance Companies: Mr. A. Gordon Nairn, Field Supervisor, The Life Underwriters Association of Canada; (3) Implications of a plan for pensions for nurses through the Canadian Nurses Association: Miss Jean S. Wilson.

GENERAL SESSION, 7.30 P.M.

Chairman: Miss Ruby M. Simpson, President, Canadian Nurses Association.

7.30 p.m. *Organ music*

8.00 *Address*: "The Future of Nursing", Dr. H. B. Atlee, Halifax. *The Presentation Ceremony*, The Mary Agnes Snively Memorial: *Address*, "Mary Agnes Snively, The Founder of the Canadian Nurses Association", Miss Ruby M. Simpson, President, Canadian Nurses Association.

Presentation of the Mary Agnes Snively Medals.

Address: "Nursing—a Profession and a Service", Miss Effie J. Taylor, Dean of the School of Nursing, Yale University, and President of the International Council of Nurses.

10.00 The Halifax Chapter of the Registered Nurses Association of Nova Scotia will entertain at a reception and buffet supper to be held at the Nova Scotian Hotel.

Saturday — July 9

GENERAL SESSION, 9.00 A.M.

9.00-11.00 a.m. Report of Resolutions Committee, including resolutions from Sections.

11.00-12.00 Unfinished business. New business. Report of scrutineers. Reception of new officers. Adjournment.

2.00-4.00 p.m. Meeting of the Executive Committee of the Canadian Nurses Association.

4.00 *Tea at the Nova Scotia Hospital, Dartmouth, as the guests of the Government of Nova Scotia.*

A NOTABLE APPOINTMENT

In the Province of Alberta, since 1932, the inspection of schools of nursing has been conducted by a committee appointed by the Senate of the University of Alberta, with representation from the Alberta Association of Registered Nurses, the University and the Faculty of Medicine. Until her retirement in 1936, Miss Eleanor McPhedran was the Association's representative on this Committee.

The Registered Nurses Association of Alberta is now happy to announce the appointment to the inspection of schools of nursing committee of Miss Agnes Macleod, M.A., B.Sc.N., Director of the University of Alberta School of Nursing. The University has approved this appointment and is allowing the Association to use the services of Miss MacLeod to extend the work of the committee by making an individual survey of the schools of nursing throughout the province. This additional service will be financed by, and will be the responsibility of the Association for a one-year period.

Miss MacLeod received the degree of Bachelor of Arts and Nursing from the University of Alberta, and that of Master of Arts from Columbia University, New York. Miss MacLeod has had a varied experience in the field of nursing in Alberta, having served successfully as instructor at the University of Alberta Hospital and on the staff of the Lamont Public Hospital as well as with the travelling clinic. For five years she was instructor in the School of Nursing of the Vancouver General Hospital. Last summer, prior to taking up her duties at the University of Alberta, Miss MacLeod visited educational centres in Seattle, New Haven, New York, Montreal and Toronto. The nursing field in Alberta is indeed fortunate in having such an outstanding educator return to her native Province.

MISS DUPUIS RETIRES

Greatly to the regret of her associates, Miss Herminie Dupuis, supervisor of prenatal nursing and medical cases for the Metropolitan Nursing Service in Montreal, has decided to retire.

By way of preparing herself for public health work, she first studied at the Maternity Centre Association in New York and at the Baby Welfare Station. The purpose of these studies was to help her in teaching prenatal and baby hygiene. Infantile mortality in 1921 was excessively high in the Province of Quebec and this led the Metropolitan Life Insurance Company, through the late Dr. Lee K. Frankel, to try to show that the rate could be lowered if adequate steps were taken. Dr. Frankel took up the question with the Archbishop of Quebec who suggested the city of Thetford Mines as a centre for a demonstration. At that time, the infantile mortality in this city was three hundred out of every thousand births. "L'Ecole Maternelle" of Thetford Mines was founded in April, 1921 with a personnel of three nurses, Misses Alice Ahern, Herminie Dupuis and Gabrielle Dandurand. Splendid work was accomplished and the results were astonishing, infantile mortality being lowered to 96.5 per 1000 by July 1, 1923. Miss Ahern was later given charge of a larger area and Miss Dupuis was named directeur of "L'Ecole Maternelle" where she

continued the demonstration until July, 1924, by which time the infantile mortality was reduced to 86 per 1000 live births.

In 1924, the Director of the Provincial Bureau of Health asked the Metropolitan Life Insurance Company for someone to help organize a Baby Welfare Station in Quebec and Miss Dupuis was loaned for four months to do this work. During this time it was decided to organize a School of Public Health Nursing at the University of Montreal; Miss Dupuis was chosen as first assistant to Miss E. B. Hurley, director of the School, and was sent to New Haven, Connecticut, to study the work of the Visiting Nurses Association in that city. After holding this position for a year, she took over the supervision of pre-natal nursing and instruction of nurses for the Metropolitan Life Insurance Company in Montreal. Under her efficient direction, great progress was made, especially in connection with prenatal care. Miss Dupuis carries with her into retirement the best wishes of her colleagues and other friends.

Marie E. Cantin.

Muscle Control in Pregnancy

Miss Cora C. Tretheway, formerly a member of the obstetrical nursing staff of the Vancouver General Hospital and who is now in London, has been kind enough to describe an interesting demonstration which she attended during the recent Congress of the International Council of Nurses.

This demonstration was conducted by Miss M. Randell of the department of physiotherapy of St. Thomas's Hospital, London, and showed exercises and instruction given to expectant mothers. Miss Randell spoke first of training the mother to know what she must expect (as well as what is expected of her) during her pregnancy and confinement. It is impressed upon her that childbearing is a normal function, and that it is her muscular feat that will carry her through, with the assistance of the doctor or midwife in the later stages.

The following charts are used to give the patient some knowledge of the physiology of pregnancy:

Chart One: a section showing the normal uterus.

Chart Two: illustrates a full-term uterus, with the circular and longitudinal muscles. This is used to demonstrate the contraction and relaxation of the uterine muscles.

Chart Three: illustrates the full-term child in utero, showing the placenta with membranes intact and the cervix fully dilated. This chart emphasizes nature's protection of the mother and child by the membrane and the adaptability of the child to the anatomy of the pelvis.

Chart Four: is similar to *Chart Three*, but with the child in the breech position. These charts are vivid in colour with no disagreeable detail, and make an attractive picture rather than something to be feared.

With the aid of these illustrations and a few explanations, the expectant mother, particularly the primipara, is made to feel more interested in the development of her child and to think less of her confinement as a dreadful ordeal. She gradually comes to realize that she is actually accomplishing something herself and thus gains self-reliance.

A group of gentle exercises, bringing into play all parts of the body was demonstrated to gramaphone records. The first exercise consists of deep breathing, the patient lying on her back with knees flexed and feet resting on the floor or bed. Slow, quiet, deep breathing to pro-

duce a restful effect is gradually increased to five minutes of deep breathing twice a day.

The patient is then instructed in a progression of exercises designed to contract and relax the muscles of the abdominal wall, the pelvic floor, the thighs, knees and feet, care being taken that the exercises are modified to suit the needs of the individual patient. Exercises are also given to produce flexibility of the spine in order to overcome the discomfort caused by the size of the growing foetus. Miss Randell emphasized the necessity of correct posture to strengthen the back and thus enable the patient, as the weight increases, to bear it with ease and comfort.

By training in muscle control during pregnancy the patient is better able to carry out instructions at the time of delivery with a minimum of wasted effort, and having learned to breathe deeply and to relax she is able to rest more completely between contractions, thus avoiding unnecessary strain and exhaustion. Throughout the whole demonstration, Miss Randell placed emphasis upon correct posture, absolute relaxation and self-reliance.

The Vale of Kashmir

ISABEL MCCONNELL

Presbyterian Church Mission Hospital, Jobat, Central India

After almost ten years in India, this one brought my first opportunity to visit Kashmir. On the way up and on arrival there, I began to think that I must be like the Queen of Sheba when she went to see King Solomon: "It was a true report that I heard in my own land, but when I came and saw the half had not been told me."

Having travelled twelve hundred and five miles by rail from Dohad to Rawalpindi, we engaged seats in cars and started out for Srinagar, a distance of two hundred miles. Only those who have been there can know the delightful sensation of a motor trip from the Plains to the Happy Valley. I travelled with some charming missionaries from the Irish Mission and, on such a long trip, one is glad to have congenial company. It took very cautious driving when we came to the hill road as it was very narrow and abounded with countless dangerous turns and hairpin bends. We soon reached a four thousand foot level where a sweater felt comfortable. Ferns of all descriptions were in abundance on the sides of the road, and as the ascent continued, the pine trees grew all over the hillside as far as one could see.

The road became steeper until about thirty miles from Muree we reached a sixty-five hundred foot level and it began to feel cold. However this did not last as we began a descent of forty-five hundred feet to the Jhelum Valley. We became acquainted with the Jhelum during our visit to Kashmir when we were caught in a storm one day while out in a little shikara. As night was coming on we decided to stay at a Dak Bungalow (a rest house for the convenience of travellers, maintained by the Government).

Next morning we made an early start and having crossed the bridge at Kohala we reached the Kashmir border. From there were proceeded along the Jhelum valley to Srinagar, situated in the centre of the Kashmir valley. Road construction was going on so progress was not very rapid and we had to stop at Domel, about twenty miles from Kohala, to certify to the Customs officials that we had no beef and no extracts of beef in our possession. Beef is forbidden in Kashmir as the cow is a venerated animal. After having given all the necessary information, we were allowed to proceed on our journey. The scenery became grander, the mountains rising up in snowy peaks while down near the river the cultivation of rice was much in evidence. It amused me very much to see the primitive way the people put water on the road. There were roadside streams and with the aid of a shovel, the men skillfully scattered the water across the road. Another interesting sight was to see hugh tree trunks being carried along by the tremendous current of the river. These were on their way to the timber depots along the banks of the Jhelum. Beyond Uri, our next stopping place, the valley became broader and the scenery still more beautiful, in a setting of thick pine forests and snow-capped peaks. The river was more placid here and the road more level. Rice cultivation was seen everywhere and a beautiful archway of tall poplars soon came into view. We saw such beautiful fields of wild poppies, irises and lilac trees that we almost regretted that the long drive had come to an end. But this was not the end of the holiday: Kashmir was yet before us.

The Mogul emperors prized the valley of Kashmir as the most valuable of their possessions. The pleasure gardens which they created around Dal Lake are the lasting tribute which they paid to the incomparable scenery with which nature so profusely has endowed the Valley. Srinagar is about fifty-two hundred feet above the sea level and is surrounded by high mountain ranges. The wild grandeur of the snow-capped peaks which surround the soft loveliness of the valley, with its winding rivers, unruffled lakes and immense forests of pine trees surely make Kashmir an earthly paradise. The gardens were exquisite. Nishat Garden is laid out in terraces, cascades and fountains surrounded by beautiful lawns, flower beds and stately cyprus as well as shady Chinar trees. Shalamar Garden, the favourite retreat of the Mogul Emperor, Jehangir, was built by him for his beloved Noor-Jehan, with whom he passed the summer months in this delightful retreat. It is surrounded by majestic Chinar trees and is ornamented with many beautiful fountains. On the upper terraces, which we liked best of all, is built a magnificent pavilion of black polished stone closely resembling marble. This was used as a private retreat for the ladies of the Mogul harem. We wondered what the old emperors would have thought if they could have heard us sing some of the Praises of Zion while we took shelter from a storm.

Life in Srinagar was thrilling. A congenial party of five lived for a month in a houseboat moored in Dal Lake. One of my favourite pastimes was to take a shikara (the boat which is to Srinagar what the gondola is to Venice) and to go through the floating gardens. It was always a puzzle to me that the Kashmiri folk did not overbalance in their tiny boats when they leaned over the edge to pick up leaves for fertilizer. Many of our evenings were spent in a large shikara out on the lake. After dinner we picked up our instruments and off we went to sing ourselves hoarse. With five guitars, a violin and a mandolin, we made a lot of noise but the

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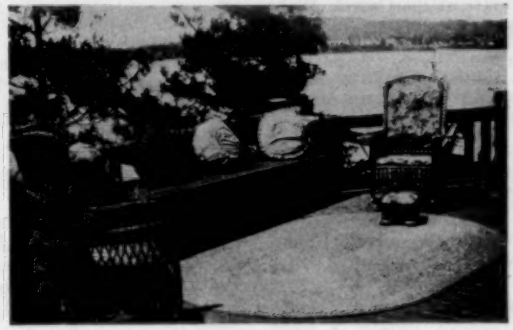

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people in the houseboats seemed to enjoy our music. Another pleasure Kashmir afforded us was the strawberries and luscious cherries, not to speak of plums and apricots. To folk at home these fruits might not be such a treat, but not having even seen strawberries since 1934, they were a rare feast. We enjoyed having the shopkeepers bring their wares and display them to us. Some sent their private shikaras to take us to their shops. We were often disturbed while having our meals under the Chinar trees, by the old cry, "Just look, Miss Sahib, it is Cheap John who has come, it won't cost you to look."

All too soon we had to leave Srinagar for Pahalgam. We drove sixty miles in a rickety old lorry and as soon as we arrived had to see about having our tents pitched. The agent was on hand with a lot of men so we were soon an organized camp. When the rain stopped and we looked around us, all I could think of was Switzerland. There were many lovely hikes, not to speak of all the trips one could take on horseback.

How we did hate the thought of leaving it all, yet the benefit one derives from such a holiday surely is an incentive to better work. We came back with new inspiration, and a greater desire to see the Kingdom of Christ advanced in this Bhil land. Many times, as I stood on the Plateau and gazed at the mountains all around I thought of that verse in the 125th Psalm: "As the mountains are round about Jerusalem, so the Lord is round about his people from this time forth and forever."

ONTARIO PUBLIC HEALTH NURSING SERVICE

Miss Helen Watson has succeeded Miss Alison Craigie as public health nurse in Swansea. Miss Watson is a graduate of the four-year course, University of Toronto and Toronto General Hospital, 1933, and has been on the staff of the Ontario Division, Canadian Red Cross Society.

Miss Helen B. Gardner, St. Lukes Hospital, New York and University of Toronto Public Health Nursing course, 1923, has commenced her work in Penetanguishene.

Mrs. Ethel V. North, Connaught School of Nursing, (Toronto Hospital for Consumptives) and University of Western Ontario Public Health Nursing course, has been appointed to a newly established post in tuberculosis control in Teck Township, with headquarters at Kirkland Lake. Mrs. North has been public health nurse at Cochrane for several years.

FEARLESS LEADERSHIP

In his address at the Silver Jubilee dinner of the National Organization for Public Health Nursing, Surgeon General Thomas Parran said:

I would only remind you that among the reasons why the light from the lamp of Florence Nightingale shone far was because she was known to be perfectly ready to throw it at anybody who stood in the way of righteous progress. She is remembered for the good works of a saint, but she achieved those good works because she had a clear eye, a pungent tongue, and a heart so filled with wrath at needless suffering that she spared no one, no matter how highly placed, who might be responsible for it. Individually, there are few of us who can be Florence Nightingales. Our little voices would be lost in the contemporary din. Compositely, through the organizations which represent us, we can all have a part in leadership. If we lead fearlessly, our works also will be remembered.

RESPIRATORY DISORDERS

Pneumonia and bronchitis, and infections of the throat, such as tonsillitis and laryngistis, are always advantageously treated with applications of prolonged moist heat. However, there are few ways in which moist heat can be satisfactorily applied for any length of time without certain attendant dangers. The linseed poultice, cools rapidly, and constant renewing only serves to tire the patient, while there is always the risk of destroying the tone of the tissues through maceration. But there is a way by which prolonged moist heat can be applied without any of these dangers. That is by the use of Antiphlogistine. In cases of pneumonia and bronchitis it is an exceedingly valuable measure, in that it will maintain a uniform heat for hours, so that disturbance of the patient is reduced to a minimum. An Antiphlogistine pneumonia jacket, for instance, will not need frequent renewing, and when left on for 24 hours, there is no danger of the Antiphlogistine becoming cold and clammy. These advantages are of obvious importance to the patient. And it should not be overlooked that once Antiphlogistine has been applied, the nurse is released for other, and equally pressing, nursing duties.

THE VICTORIAN ORDER

Miss Phyllis Bond has been transferred from the Vancouver staff and is now in charge of the recently opened Surrey Branch at Cloverdale, British Columbia.

NEWS NOTES

ALBERTA

EDMONTON:

The Edmonton Association of Graduate Nurses met recently with twenty-seven members present. The eight-hour day for private duty nurses came up for discussion and it is hoped may, in the near future, come into effect. Plans are also under way to broaden the scope of the Registry. An interesting and informative lecture was given by Dr. M. M. Cantor, on sex hormones.

BRITISH COLUMBIA

NANAIMO:

A meeting of the graduate nurses of Nanaimo and district was held recently at the Nanaimo Hospital for the purpose of forming an association. The following officers were elected: president, Mrs. K. M. Clarke; secretary, Miss M. Fishwich; treasurer, Miss I. Hoggan; first vice-president, Miss C. Boyce; second vice-president, Miss V. Hewer. The committee conveners are: ways and means, Mrs. J. Kneen, social, Mrs. D. Hardy, programme, Miss H. Archer, sick committee, Mrs. J. Johnston and Mrs. M. McRoberts, private duty, Mrs. E. Butler and membership, Miss H. Archer. A hearty vote of thanks was tendered Miss J. Leslie for her interesting outline of a similar association formed in Nelson.

NELSON:

The Nelson Registered Nurses Association recently held a very successful dance to raise funds to assist in the purchase of a projection machine, which will be used for showing educational films at both nursing and medical association meetings. At a recent meeting of the Association, Dr. Sparkes, Medical Health Officer, gave a most interesting talk on public health work and the duties of a public health officer.

Married: On February 19, 1938, Miss Christina Florence Nelson, (Vancouver General Hospital) to Dr. Wilfred Laurier Turnbull.

VICTORIA:

The Nursing Sisters Branch No. 152 of the Canadian Legion, British Empire Service League, recently held a successful benefit bridge at St. Joseph's Hospital under the distinguished patronage of the Lieutenant-Governor of British Columbia and Mrs. Hamber. Mrs. Leo O'Leary, president, Miss Alice Williams, vice-president, and Miss K. Ethel Gray, secretary-treasurer, welcomed the guests, assisted by Mrs. R. A. C. Hogarth, social convener.

MANITOBA

BRANDON:

A monthly meeting of the Brandon Graduate Nurses Association was held recently at the home of Miss Jean Fotheringham, thirty-nine members being present. Mrs. Perdue, representative to the Citizens' Welfare League, gave a report on that organization. Miss Colthart, of the private duty section, introduced the guest speaker, Dr. A. C. Rumball, who gave an interesting and instructive address on new drugs and treatments At the close of the meeting Miss McNalley presented a gold vanity case to Miss D. Longley who leaves shortly to reside in Victoria, B. C. A social hour followed.

ST. BONIFACE:

In the March issue of the *Journal* will be found a detailed announcement concerning the Summer School for Graduate Nurses arranged by the Manitoba Association of Registered Nurses under the aegis of the University of Manitoba. The Alumnae Association of the School of Nursing of St. Boniface Hospital, St. Boniface, have decided through their Scholarship Loan Fund to give assistance to graduate members, who wish to take this course and it is expected that a number of the members of the Alumnae Association will take advantage of this offer of assistance. Further information may be obtained from Miss E. H. Margarson, 107 Smithfield Avenue, Winnipeg.

WINNIPEG:

Miss Adelaide Landy (W. G. H., 1934) recently resigned as instructress of nurses at the Winnipeg General Hospital and is now nursing in Denver, Colorado. Miss Helen Wilson (W. G. H., 1937) has accepted the position of instructress of nurses. Miss Margaret Baldwin (W. G. H., 1926) recently resigned as supervisor of the outpatients department and is on the staff of Grace Hospital. Miss Allison Jamieson (W. G. H., 1935) who recently completed a postgraduate course at Teachers' College, Columbia University, has accepted a position as public health nurse with the Department of Health and Public Welfare of the Government of Manitoba. Miss S. Kelsey (W. G. H., 1923) of St. Paul's Hospital, Kweitch, Honan, North China, is on furlough.

Married: Recently, Miss Bertha Muir (W. G. H., 1934) to Dr. H. Scarrow.

Married: Recently, Miss Gladys Nelson (W. G. H., 1929) to Mr. William Petrie.

Married: Recently, Miss Victoria Patterson (W. G. H., 1925) to Mr. H. Dunning.

NEW BRUNSWICK

SAINT JOHN:

The Saint John Chapter of the Registered Nurses Association of New Brunswick held its regular meeting recently at the Saint John General Hospital. The president, Miss Margaret Murdoch was in the chair. Plans were made for a bridge to be held after Easter to raise funds for the nurses sick benefit fund. Following the business meeting, Dr. W. O. McDonald gave an illustrated address on diabetes.

SAINT JOHN:

The Saint John General Hospital Alumnae Association recently held a regular meeting with Mrs. F. M. McKelvey, the president, in the chair. The treasurer submitted an encouraging report. Plans were made for observing the fiftieth anniversary of the training school of the Saint John General Hospital and an effort will be made to get in touch with all graduates of the school. Dr. Ruth Brown was the guest speaker. A social hour followed.

ST. STEPHEN:

The annual meeting of the St. Stephen Chapter of the New Brunswick Registered Nurses Association was held recently with Miss Mabel McMullin presiding. The following officers were elected for the coming year: President, Miss C. Boyd, vice-president, Miss A. Leland; secretary, Miss M. J. Dunbar; treasurer, Miss J. Murray; representative to *The Canadian Nurse*, Miss L. McLean; convener of the refreshment committee, Mrs. H. Lawrence. Registry fees are to be raised to $2.00 per year, the proceeds to be divided between the Hospital and the local Chapter. A kitchen shower was given for Miss Muriel Waugh in honour of her approaching marriage and a miscellaneous shower was held in honour of Mrs. Herman Lawrence.

Married: Recently, Miss Muriel Waugh (C. M. H., 1930) to Mr. Cecil Guthrie.

Married: Recently, Miss Marjorie Clingo (C. M. H., 1937) to Mr. Charles Burgess.

Married: Recently, Miss Rosa Madsen (C. M. H., 1927) to Mr. Herman Lawrence.

NOVA SCOTIA

ANTIGONISH:

The Alumnae Association of St. Martha's Hospital has elected the following officers for the coming year: Honorary president, Rev. Mother Ignatius; president, Miss Marie Le Blanc; vice-president, Miss K. Chisholm; secretary-treasurer, Miss B. Landry. The members of the executive committee are Miss D. MacDonald, Miss B. Landry, and Miss Rachel Chisholm.

DARTMOUTH:

The Nurses' Social Club of the Nova Scotia Mental Hospital recently organized a deilghtful dance which was greatly enjoyed.

HALIFAX:

The following nurses attended the recent Refresher Course in Montreal: Miss G. E. Strum, superintendent of nurses, and Miss S. A. Archard, supervisor of the private pavilion of the Victoria General Hosital; Miss Maude Carter and Miss Marion Grant of the Victorian Order of Nurses. The Local Branch is anticipating a report from these nurses at its next meeting.

HALIFAX:

The Cameradie Club, composed of the student and graduate nurses of the Victoria General Hospital, is active in promoting social activities among its members. A community sing-song forms an important part of each fortnightly meeting. Miss Adelaide Gervais is president of the Club and Mr. J. Gordon Ross is convener of the sports committee.

NEW GLASGOW:

Miss Edna C. Duthie (Saint John General Hospital) has accepted a position as supervisor on the staff of the Aberdeen Hospital. Miss Duthie served overseas with the Canadian Army Medical Corps. Miss Kathryn McNeil recently resigned her position as supervisor in the Aberdeen Hospital and was tendered a shower by her associate nurses upon the occasion of her marriage. Miss Marion Chapman (Aberdeen Hospital, 1937) is practicing her profession in Amherst, her home town.

Married: Recently, Miss Kathryn McNeil (St. Martha's Hospital, Antigonish) to Mr. Joseph A. McDonald.

ONTARIO

DISTRICT 1

LONDON:

District One, Registered Nurses Association of Ontario, held its annual meeting at the Victoria Hospital, London, on February 5, with the chairman, Miss Mabel Hoy, of Windsor, presiding. The invocation was given by the Rev. Father J. A. Feeney, and Rev. M. A. J. Waters brought greetings from the clergy of London. The treasurer's report showed a substantial bank balance. Reports of the three Sections were given and the membership convener stated that membership is increasing rapidly, but that we must not be satisfied until our mem-

bership in the Registered Nurses Association of Ontario is 100 per cent. At the close of the morning session, the nurses were guests of the London Chapter of District One at a delightful luncheon. At the afternoon session, Alderman E. W. Curtis, acting for Mayor Kingsmill, welcomed the nurses and greetings from the Academy of Medicine, London, were extended by Dr. C. C. Ross, who advocated an eight-hour day for the student nurse, this to include lecture periods. Miss E. MacPherson Dickson presented a revised report on Dominion Registration and a profitable discussion followed. An interesting talk on the care of flowers was given by Mr. George F. Dicks.

Mrs. Hedley V. Smith presented the following slate of officers: Chairman, Miss Doris Shaw, Sarnia; vice-chairman, Miss Lorna N. Horwood, London; second vice-chairman, Miss Jessie Wilson, St. Thomas; secretary-treasurer, Miss M. Langford, Sarnia; convener of Nursing Education Section, Miss Margaret Smith, London; convener, of the Public Health Section, Miss Ermine Cummings, London; convener, of the Permanent Education Fund Committee, Mrs. Hedley V. Smith, London; convener of the Private Duty Section, Miss Margaret Gilbert, Chatham; convener of Publications Committee, Miss Nellie M. Williams, London; convener of Membership Committee, Adjutant Doris Barr, Windsor; Councillors: Miss Agnes B. Campbell, London; Miss Alice Claypole, St. Thomas; Miss Letty Pettypiece, Chatham; Miss Janet Paul, Sarnia; Miss Isobel Murray, Petrolia; Miss Beatrice Young, Windsor. The report of the resolution committee was presented by Miss Ermine Cummings. At the close of the meeting, the Victoria Hospital Alumnae Association entertained at a delightful tea, of which Miss Sallie Hyatt was convener.

WINDSOR:

In January, 1938, the Board of Health of the City of Windsor decided to organize a division of public health nursing. Miss Mabel Hoy is receiving hearty congratulations in her appointment of director of the division.

DISTRICTS 2 and 3

KITCHENER:

The mid-winter general meeting of Districts 2 and 3, R. N. A. O., was held at the Kitchener and Waterloo Hospital on Feb. 9 with a registration of 142. The president, Miss Agnes Campbell of Guelph occupied the chair. The report from the Nursing Education Section showed an increased interest throughout the District in educational activities and a general raising of stand-

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REGISTRATION OF NURSES
Province of Ontario

EXAMINATION ANNOUNCEMENT

An examination for the Registration of Nurses in the Province of Ontario will be held in May.

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to

Alexandra M. Munn, Reg. N.,
Parliament Buildings, Toronto

ards. A study of the proposed Curriculum is being conducted in the various hospitals and a joint conference of all interested in this study will be held in Woodstock early in the Spring under the convenership of Miss P. Bluett of the Woodstock General Hospital. Papers will be read, followed by round table discussion in which all are invited to participate.

Alumnae activities are generally confined within the Alumnae Associations, and the problems are dealt with locally. Miss Fennell, of Guelph, presented a very encouraging report of the Public Health Section. This branch is becoming more highly organized and is attaining a greater standard of efficiency. The keen interest and co-operation evinced by lay organizations and the general public is worthy of note. Various clinics have been established in many centres throughout the District, sponsored by the Service Clubs, the I. O. D. E., Home and School Clubs, Organized Bible Classes, Canadian Legion and other groups of lay people. In practically all centres throughout the District clinics were held and special measures taken for the prevention of poliomyelitis. Miss Bingeman, of Freeport, reported a most successful membership campaign. This committee has been very active, the membership to date being 465, which is 15 over the quota for the District.

A comprehensive and interesting address on orthopaedics, illustrated by X-Ray plates, was given by Dr. M. C. Harvey, of Kitchener. Miss E. MacPherson Dickson of Toronto very ably presented and interpreted the revised plan prepared by the Committee on Dominion Registration. An animated discussion followed in which Miss Dickson answered many questions and shed light on many points which were of real interest and of vital import. During an intermission, Mrs. W. H. Nixon sang very charmingly, accompanied on the piano by Mrs. J. B. Martin. Following a delightful high tea which was served through the hospitality of Miss Scott, the Superintendent of the Hospital, aided by her staff and the Alumnae Association, we were favoured with a most inspiring address on mental health by Dr. Brillinger of the Ontario Hospital, Hamilton.

GUELPH:

The Alumnae Association of St. Joseph's Hospital recently held its annual meeting at which the following members were elected to office: Honorary president, Sister M. St. Basil; honorary vice-president, Sister M. Geraldine; president, Miss K. Bolger; vice-president, Miss D. Milton; secretary, Miss A. McComb; corresponding secretary, Miss G. Hope; treasurer, Miss H. McGillvary.

The members of the social committee are: Miss M. Dudgeon (convener), Miss F. McQuillan, Miss E. Murphy, Miss M. Hefferman, Miss P. Bennett, Miss D. Taylor and Miss N. Wilson. The annual "At Home" dance of the Alumnae Association was held recently. Miss K. Bolger, president of the Association, received the numerous guests.

District 4

HAMILTON:

There was a large attendance at the annual meeting of the District 4, R. N. A. O., held at the Hamilton General Hospital. Miss Isobel MacIntosh was in the chair and the speaker was Miss D. C. Brydges who for many years has been attached to the Nightingale School of St. Thomas's Hospital, London. Having been granted a Rockefeller Foundation fellowship, Miss Brydges is making a study of nursing education in Canada and the United States with a view of returning to the staff of the College of Nursing in London, to help in the development of the International Course offered by the Nightingale International Foundation. The speaker's earnest hope was that the internationalism of nursing would prove to be a factor in making for world peace.

The election of officers resulted as follows: Chairman, Miss I. M. MacIntosh, first vice-chairman, Miss Annie Boyd; second vice-chairman, Miss Mary Buchanan; secretary-treasurer, Miss Cornelia Sheridan. The councillors are Miss Katherine Turney, Miss Dorothy Scott, Miss Constance E. Brewster, Miss Ann Wright, Miss Catherine McDonald and Sister M. Monica. The chairmen of sections are: private duty, Miss Stella Murray, public health, Miss Anna Oram, nursing education, Miss G. Bamforth.

HAMILTON:

A special meeting of District 4, R. N. A. O., was held recently at St. Joseph's Hospital. Miss Mary Millman, convener of the provincial committee on Dominion Registration, spoke on "Dominion Registration". The members of the group were each given a copy of the proposed plan and Miss Millman took it up clause by clause. The speaker clarified the meaning of the various terms and asked for careful thought and study by the members in preparation for discussion at the annual meeting of the R. N. A. O. at Kingston in April. Following the meeting, refreshments were served by the nurses of St. Joseph's Hospital.

ST. CATHARINES:

The March meeting of the Alumnae Association of the Mack Training School took the form of a social evening. Delegates to

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the provincial meeting of the R. N. A. O. were appointed and there was a discussion of Dominion Registration. Miss Fischer and her committee were responsible for a most enjoyable evening.

DISTRICT 5

TORONTO:

The Alumnae Association of the Toronto General Hospital has elected the following officers for the coming year: Honorary president, Miss Jean I. Gunn; president, Miss Margaret Dulmage; first vice-president, Miss Mildred Mann; second vice-president, Miss Esther Strachan; secretary-treasurer, Mrs. R. F. Chisholm, 138 Chiltern Hill Road. Miss Margaret Porter, Miss Zelma Creeden, Miss Edith Hendry and Miss Maude Fry were appointed councillors. The committee conveners are: programme, Miss Muriel Winter; social, Miss Katharine Graham; flower, Miss Effie Forgie; press, Miss Eleanor Hollinger; nomination, Miss Mary Murphy; "The Quarterly", Miss Agnes Neill; archivist, Miss J. M. Kniseley.

The senior group of the Toronto Undergraduate Nurses Association recently held a bridge in the Nurses' Residence of the Western Hospital. Sixty members attended representing seven of the nine Toronto Schools. Miss Beatrice Ellis, superintendent of nurses, welcomed the group. Miss McMullen, the president of our Association, feels that this little get-together will help us to become acquainted before our graduating dinner which we are planning to hold again this year.

DISTRICT 6

BELLEVILLE:

The regular meeting of District 6, R. N. A. O., was held recently at the Belleville General Hospital, Miss E. Young, presiding. The feature of the evening was an address on Dominion Registration by Miss M. Millman, whch was much appreciated. The private duty section reported a special meeting of that section in Peterborough, when Miss M. Baker of London, explained the eight-hour day for private duty nurses.

LINDSAY:

Miss Donna Baker, assistant superintendent of Ross Memorial Hospital, is holidaying in Scotland. During her absence, Miss M. Brackenridge (R. M. H., 1936) has been appointed acting assistant superintendent. Miss Gladys Lehigh (R. M. H., 1937), is on general duty at the Ross Memorial Hospital. The annual alumnae dance was a

most successful function. At a recent meeting of the Association, Allan and Hanbury presented a reel of moving pictures illustrating the manufacture of catgut.

District 8

Ottawa:

Miss Grace Tanner was elected president of District 8, R. N. A. O., at the annual meeting held recently in Ottawa. The secretary's report was read by Miss Elma Coon and the financial statement was presented by Miss Isabel Allen. In her report on the standing committee, Miss Grace Tanner stated that there is a total membership of 458, an increase of 90 over last year. Dealing with the local committee on national enrolment of nurses, Miss Blanche Anderson urged the necessity of assuring a readily available nursing service in the event of any disaster or emergency. Reports of the three Sections were presented.

Miss Jean Gunn, member of the committee on Dominion Registration of the Canadian Nurses Association, led the discussion on Dominion Registration of Nurses. Miss Gunn was thanked by Sister Madeleine of Jesus, of the Ottawa General Hospital. Miss E. Cryderman, president of the Registered Nurses Association of Ontario, extended greetings. At the evening meeting, Rev. C. G. Hepburn, Rector of All Saints Church, gave an address on "The religious influence in the life of the nurse". An illustrated talk was given by Dr. Atholl McNabb on "Conditions of the gastro-intestinal tract".

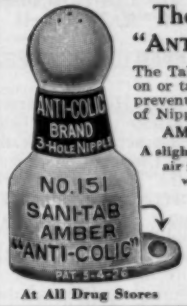
Associated with the president will be the following officers: vice-president, Miss Evelyn Pepper; treasurer, Miss Isabel Allen; secretary, Miss Elma Coon. The councillors are Misses Sadie Carmichael, Jean Church, Gladys Clarke, Dorothy Moxley, Ethel Webb, and Miss H. C. Wilson of Cornwall.

The following nurses from District 8 attended the Refresher Course recently held under the auspices of the McGill School for Graduate Nurses: Miss Daisy Lodge of the Victorian Order of Nurses; Miss Mayme Downey, Ottawa Civic Hospital; Miss Elizabeth B. Rogers, Miss Gertrude Ferguson and Miss Bee McKerracher, all of whom are members of the teaching staff of the Ottawa Civic Hospital.

A bridge, under the auspices of the R. N. A. O., was held recently. Over eighty tables were sold.

Ottawa Civic Hospital:

The annual dance of the Alumnae Association was held recently. Over 350 guests were present.



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Married: Recently, Miss Lois Humphreys (O. C. H., 1934) to Mr. R. H. Arkell.

QUEBEC

MONTREAL:

Nineteen Royal Victoria Hospital nurses registered for the Institute recently held under the auspices of the School for Graduate Nurses at McGill University. Among those taking part in the programme were the following R. V. H. nurses: Miss N. Nagle, Miss E. Flanagan, Miss E. Allder, Miss T. MacKenzie and Miss H. Eberle.

Miss Christina Murray (R. V. H., 1924) has been appointed director of the school of nursing and professor of nursing at the University of Wisconsin.

Miss Grace Vanderwater (R. V. H., 1933) has succeeded Miss A. Darling (R. V. H., 1936) as assistant night supervisor of the Ross Pavilion. Miss Florence Campbell (R. V. H., 1937) has succeeded Miss Jean I. MacKenzie (R. V. H., 1936) as assistant head nurse of one of the floors of the Ross Pavilion. Miss Elsie Knight (R. V. H., 1934) has resigned from the staff of the Alexandra Hospital and is leaving for Shanghai, China.

Married: Recently, Miss Alice Hodgson (R. V. H., 1937) to Mr. W. N. Ashbury.

QUEBEC:

At a recent meeting of the Alumnae Association of Jeffrey Hale's Hospital Dr. Mooney gave an interesting address on trends in modern medicine. Plans were made to have a bridge party in order to raise money for the Sick Nurses' Benefit Fund. Mrs. G. Kruse (Bertha Mahan, J. H. H., 1929) of Gaspe Harbour visited Quebec recently.

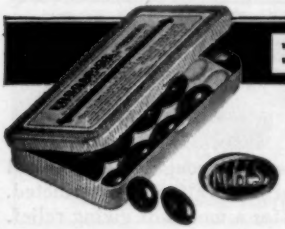
SASKATCHEWAN

SASKATOON:

The Alumnae Association of the Saskatoon City Hospital recently held a very enjoyable "Membership Tea". Sixty members were present.

OBITUARY

DAY—The death occurred recently in Montreal, after a lengthy illness, of Miss Cora M. Day, a graduate of the School of Nursing of the Winnipeg General Hospital and a member of the class of 1917.



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Honorary Secretary ..... Miss E. J. Wilson, 592 Henderson Highway, Winnipeg, Man.
Honorary Treasurer ..... Miss M. Murdoch, General Hospital, Saint John, N.B.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals preceding names indicate office held, viz: **(1)** ***President, Provincial Nurses Association;*** **(2)** ***Chairman, Nursing Education Section;*** **(3)** ***Chairman, Public Health Section;*** **(4)** ***Chairman, Private Duty Section.***

Alberta: (1) Miss Kate S. Brighty, Administration Building, Edmonton; (2) Miss H. S. Peters, University Hospital, Edmonton; (3) Miss R. Chittick, Normal School, Calgary; (4) Mrs. M. Tobin, 385-4th Street, Medicine Hat.

British Columbia: (1) Miss G. M. Fairley, General Hospital, Vancouver; (2) Miss A. Cavers, Vancouver General Hospital; (3) Miss M. Kerr, Eburne; (4) Miss M. Teulon, 4237 Granville St., Vancouver.

Manitoba: (1) Miss Edith McDowell, Nurses Residence, General Hospital, Winnipeg; (2) Miss F. Roach, St. Boniface Hospital, St. Boniface; (3) Miss A. McKee, 604 Medical Arts Building, Winnipeg; (4) Miss T. Greville, 797 Broadway, Winnipeg.

New Brunswick: (1) Mrs. G. E. Van Dorsser, Health Centre, Saint John; (2) Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton; (3) Miss A. Burns, Health Centre, Saint John; (4) Miss Kathleen Lawson, 84 Wright St., Saint John.

Nova Scotia: (1) Miss Marion Haliburton, 40 South St., Halifax; (2) Miss Eleanor Grew, Children's Hospital, Halifax; (3) Miss A. Slattery, Windsor; (4) Miss Anna Brennan, 53 Pine St., Dartmouth.

Ontario: (1) Miss E. Cryderman, 281 Sherbourne St., Toronto; (2) Miss R. M. Beamish, General and Marine Hospital, Owen Sound; (3) Miss M. Walker, Institute of Public Health, London; (4) Miss Madalene Baker, 249 Victoria St., London.

Prince Edward Island: (1) Sr. Stanislaus, Charlottetown Hospital, Charlottetown; (2) Miss Anna Mair, P. E. I. Hospital, Charlottetown; (3) Miss Ina Gillan, 277 Kent St., Charlottetown; (4) Miss G. MacGuigan, Charlottetown Hospital, Charlottetown.

Quebec: (1) Miss M. L. Moag, 1246 Bishop Street, Montreal; (2) Miss M. Batson, The Montreal General Hospital, Montreal; (3) Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal; (4) To be appointed.

Saskatchewan: (1) Miss A. F. Lawrie, Regina General Hospital, Regina; (2) Miss Edith Amas, City Hospital, Saskatoon; (3) Miss Ann Morton, Weyburn; (4) Miss Helen Jolly, 1301 15th. Ave., Regina.

CHAIRMEN, NATIONAL SECTIONS

NURSING EDUCATION: Miss M. Lindeburgh, School for Graduate Nurses, McGill University, Montreal. PUBLIC HEALTH: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg. PRIVATE DUTY: Miss J. L. Church, 120 Strathcona Ave., Ottawa.

Executive Secretary: Miss Jean S. Wilson, National Office, 1411 Crescent St., Montreal, P.Q.

OFFICERS OF SECTIONS OF CANADIAN NURSES ASSOCIATION

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COUNCILLORS: **Alberta:** Miss H. S. Peters, University Hospital, Edmonton. **British Columbia:** Miss A. Cavers, Vancouver General Hospital. **Manitoba:** Miss F. Roach, St. Boniface Hospital, St. Boniface. **New Brunswick:** Sister Corinne Kerr, Hôtel Dieu Hospital, Campbellton. **Nova Scotia:** Miss Eleanor Grew, Children's Hospital, Halifax. **Ontario:** Miss R. M. Beamish, General and Marine Hospital, Owen Sound. **Prince Edward Island:** Miss Anna Mair, P. E. I. Hospital, Charlottetown. **Quebec:** Miss M. Batson, The Montreal General Hospital, Montreal. **Saskatchewan:** Miss E. Amas, City Hospital, Saskatoon.

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CHAIRMAN: Miss A. E. Wells, Dept. of Health, 655 Portage Ave., Winnipeg; VICE-CHAIRMAN: Miss M. Kerr, Eburne; SECRETARY-TREASURER: Miss Isabel McDiarmid, 363 Langside St., Winnipeg.

COUNCILLORS: **Alberta:** Miss R. Chittick, Normal School, Calgary. **British Columbia:** Miss M. Kerr, Eburne. **Manitoba:** Miss A. McKee, 604 Medical Arts Bldg., Winnipeg. **New Brunswick:** Miss A. Burns, Health Centre, Saint John. **Nova Scotia:** Miss A. Slattery, Windsor. **Ontario:** Miss M. Walker, Institute of Public Health, London. **Prince Edward Island:** Miss Ina Gillan, 277 Kent St., Charlottetown. **Quebec:** Miss A. Peverley, 2090 Claremont Ave., Apt. 46, Montreal. **Saskatchewan:** Miss Ann Morton, Weyburn.

Provincial Associations of Registered Nurses

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Association of Registered Nurses of the Province of Quebec (Incorporated, 1920)

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Regina Registered Nurses Association

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Associations of Graduate Nurses

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QUEBEC

Montreal Graduate Nurses Association

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